

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF BEHAVIORAL HEALTH
LICENSURE INSPECTION WEIGHTING REPORT
for Specific Standards for Assessment and Evaluation Programs

PROGRAM NAME: _____

In order for a program to receive a three (3) year license, the program must receive at least a 95% rating in each of the three categories below. To receive a two (2) year license, the program must receive at least a 90% rating in each of the three categories below, for a one (1) year license, the program must receive at least a 70% rating in each of the three categories. Receipt of less than 70% in any one of the three categories shall result in a recommendation of denial or refusal to renew the license. An initial license may be issued for 270 days; however, a license issued for 270 days shall not be renewed or extended.

CATEGORY	PREVIOUS INSPECTION DATE		
	RECENT INSPECTION DATE		
CLINICAL STANDARDS	ITEM VALUES This program	PREVIOUS REPORT	CURRENT REPORT
Placement Screening	10		
Management of Care	1		
Clinical Oversight	1		
TOTAL	12		

Three (3) years: 12.00 – 11.40 = 95%
Two (2) years: 11.39 – 10.80 = 90%
One (1) year: 10.79 – 8.40 = 70%
Denial: 8.39 or below.

Total Point Available: 12
Total Point Received:
Percent:

CATEGORY	PREVIOUS INSPECTION DATE		
	RECENT INSPECTION DATE		
ADMINISTRATIVE STANDARDS	ITEM VALUES	PREVIOUS REPORT	CURRENT REPORT
Governing Body	28		
Executive Director	2		
Procedure Manual	2		
Fiscal	5		
Personnel	25		
Staff Training	14		
Professional Qualifications	2		
TOTAL	63		

Three (3) years 63 - 60 = 95%
Two (2) years: 59 - 57 = 90%
One (1) year: 56 - 45 = 70%
Denial: 44 or below.

Total Point Available: 63
Total Point Available:
Percent:

CATEGORY	PREVIOUS INSPECTION DATE		
	RECENT INSPECTION DATE		
PROGRAMMING STANDARDS	ITEM VALUES	PREVIOUS REPORT	CURRENT REPORT
Outpatient Facility	8		
Child Abuse/Criminal Records	9		
Client Rights	7		
Emergency Medical Services	1		
Client Case Records	28		
Building construction and Safety	4		
TOTAL	46		

Three (3) years: 46 - 44 = 95%
 Two (2) years: 43 - 42 = 90%
 One (1) year: 41 - 33 = 70%
 Denial: 32 or below.

Total Points Available: 46
 Total Points Received:
 Percent: %

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF BEHAVIORAL HEALTH
LICENSURE INSPECTION WEIGHTING REPORT
for Assessment and Evaluation Programs

PROGRAM'S NAME, ADDRESS, TELEPHONE, FAX and E-MAIL ADDRESS

Fax:

E-Mail Address:

APPLICATION RECEIVED:

COUNTIES SERVED:

DATE OF INSPECTION:

TECHNICAL ASSISTANCE:

INSPECTORS:

SITE(S) VISITED:

STAFF:

Executive Director:

SUMMARY OF SERVICES PROVIDED:

Assessment and Evaluation

CURRENT LICENSURE STATUS:

RECOMMENDATION: It is recommended that the program be:

- ☐ Issued a license for a period of three years effective _____ to _____
- ☐ Issued a license for a period of two years effective _____ to _____
- ☐ Issued a license for a period of one year effective _____ to _____
- ☐ Issued a license for a period of 270 days effective _____ to _____
- ☐ Denied a license

PURPOSE: Chapter 125 of the code, as amended, requires in Section 125.13 that a person may not maintain or conduct any chemical substitutes or antagonists program, residential program, or non-residential outpatient program, the primary purpose of which is the treatment and rehabilitation of substance abusers without having first obtained a written license for the program from the department

C *Full Compliance* – The program substantially meets the intent of the standard and indicated by the program's activities and documentation. Point(s) given/awarded.

NC *Non-Compliance* – The program does not meet the intent of the standard. Point(s) not given/awarded.

NA *Does Not Apply* – The standard does not apply to the program. Point(s) not given/awarded.

NR *No Records (Initial Applicants Only)* – The facility is an initial applicant and had no records to review. Point(s) not given/awarded.

641—155.5(4) Application Update or Revision	
A. Since the last licensure visit, has the program notified the department 30 days prior to any changes(s) of address of offices, facilities, or program locations; or additions or deletions of the type(s) of services or programs provided and licensed?	_____
641-155.25(2) Governing Body	
A. Does the procedures manual contain definitions of the legal authority and organization of the governing body?	_____
B. Is the governing body representative of the community begin served?	_____
C. Is the governing body ultimately responsible for overall program operations?	_____
D. Do written by-laws define:	_____
1. The powers and duties of the governing body;	_____
2. Committees;	_____
3. Advisory groups; and,	_____
4. The executive director?	_____
E. Do written by-laws minimally specify;	_____
1. Type of membership;	_____
2. The term of appointment;	_____
3. Frequency of meetings;	_____
4. Attendance requirements; and,	_____
5. The quorum necessary to transact business?	_____
F. Are minutes of all meetings by the governing body kept?	_____
Do the minutes include:	_____
1. Date of the meeting;	_____
2. Names of members attending;	_____
3. Topics discussed; and,	_____
4. Decisions reached and actions taken?	_____
G. Do the duties of the governing body include:	_____
1. Appointment of a qualified executive director;	_____
2. Establish controls to ensure quality services are delivered;	_____
3. Review and approval of the annual budget; and,	_____
4. Approve all contracts?	_____
H. Has the governing authority developed and approved the policies?	_____
I. Is the governing authority responsible for all funds, equipment and the physical facilities?	_____
J. Has the governing body prepared an annual report which includes:	_____
1. Name, address, occupation and place of employment of each member;	_____
2. Relationships a member of the governing authority may have with a program staff member;	_____
and,	_____
3. The name and address of owners or controlling parties?	_____
K. Does the governing body assume responsibility in seeing that the program has:	_____
1. Malpractice insurance;	_____
2. Liability insurance; and,	_____
3. A fidelity bond?	_____

<p>155.25(3) Executive Director</p> <p>A. Has the governing body appointed an executive director who has primary responsibility for the overall programs operation?</p> <p>B. Are the duties of the executive director clearly defined?</p>	<p>_____</p> <p>_____</p>
<p>155.25(4) Clinical Oversight</p> <p>A. Does the program have appropriate clinical oversight?</p>	<p>_____</p>
<p>155.25(5) Staff Development and Training</p> <p>A. Does the program have policies and procedures establishing staff development?</p> <p>B. Is there documentation that staff are certified, licensed, or have professional education?</p> <p>C. Or oriented to include:</p> <ol style="list-style-type: none"> 1. Psychosocial; 2. Medical; 3. Pharmacological; 4. Confidentiality; 5. Tuberculosis; 6. HIV/AIDS; 7. Cultural specificity of diverse populations; 8. Community resources; 9. Screening; and, 10. Evaluation <p>D. Are staff members informed of new developments in the field of substance abuse screening, evaluation and placement?</p> <p>E. Has the program documented on-going job-related education?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>155.25(6) Management Information System</p> <p>A. Does the program submit client/patient data to the Department in accordance with reporting system procedures?</p>	<p>_____</p>
<p>155.25(7) Procedures Manual</p> <p>A. Has the program developed and maintained a policies and procedures manual which reflects the program's activities?</p> <p>B. Do revisions to procedures contain date, name and title of persons making the revisions?</p>	<p>_____</p> <p>_____</p>
<p>155.25(8) Fiscal Management</p> <p>A. Is the fiscal management system maintained in accordance with generally accepted accounting principles?</p> <p>B. Is the OWI evaluation schedule made public?</p> <p>C. Is the client informed of the fee schedule at the time of scheduling the evaluation?</p> <p>D. Does the program maintain insurance to provide protection for physical and financial resources of the program, people, buildings and equipment?</p> <p>E. Is the insurance program reviewed on an annual basis by the governing authority?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>155.25(11) Child Abuse/Criminal Records Check</p> <p>A. Does the program have written policies and procedures that prohibit mistreatment, neglect or abuse of children and specify reporting and enforcement procedures? _____</p> <p>B. Does the program have policies which require reporting violation immediately to the director and Department of Human Services? _____</p> <p>C. Does the program have policies which subject an employee found in violation to the program's policies on dismissal? _____</p> <p>D. For employees working with juveniles, does personnel record contain:</p> <ol style="list-style-type: none"> 1. Documentation of a criminal records check with the Iowa Division of Criminal Investigation for all new applicants; _____ 2. A written statement by new applicants disclosing any substantiated reports of child abuse, neglect, or sexual abuse; _____ 3. Documentation of a check with the Iowa Central Child Abuse Registry of any substantiated reports of abuse prior to permanent employment; and, _____ 4. For staff members with a substantiated criminal or child abuse report, that form 470-2310 Record Check Evaluation has been submitted to DHS? _____ <p>E. Does each treatment staff member complete two hours of training related to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment? _____</p> <p>F. Does each treatment staff complete at least two hours of additional training every five years thereafter? _____</p>	
<p>155.25(12) Client Case Records maintenance and 155.25(14) Client Case Records Contents</p> <p>Does the program have written policies and procedures governing the compilation, maintenance, storage and dissemination of individual client case records? _____</p> <p>Maintenance</p> <p>A. Does the program ensure records are kept in a suitably locked room or file cabinet? _____</p> <p>B. Are contents of the client case records kept uniform? _____</p> <p>C. Are entries in the client case record signed and dated? _____</p> <p>D. Are records readily accessible to authorized staff? _____</p> <p><u>Release of Information: 42 CFR, Part 2</u></p> <p>A. Does the program have written policies and procedures to address confidentiality of client records? _____</p> <p>B. Does the format for the disclosure of client information contain?</p> <ol style="list-style-type: none"> 1. The name of the program which is to make the disclosure; _____ 2. The name, title, or organization to which the disclosure is to be make; _____ 3. The name of the client; _____ 4. The purpose or need for the disclosure; _____ 5. The information to be released; _____ 6. Revocation statement; _____ 7. The date the consent form is signed; and, _____ 8. Space for the client signature? _____ <p>C. Is the release signed prior to releasing information? _____</p> <p>D. Is the client informed of the information and purpose of the release prior to signing? _____</p> <p>E. Did the client sign the release voluntarily? _____</p> <p>F. In the event that the program releases information without the client's consent, did the program follow proper procedures? _____</p> <p>G. Following an unauthorized disclosure, did the program inform the client of the disclosure? _____</p>	

Contents A. Does the client case record contain: 1. Examinations, test; and, 2. Placement screening and admission forms? B. Reports from referral source? C. Reports from outside resources? D. Multidisciplinary case conferences (staffing)? E. Correspondence related to the client (letters, phone calls, etc.)? F. Release forms? G. Record of service provided? H. Appropriate data forms (SARS)?	
155.25(13) Placement Screening, Admission and Assessment Records Reviewed A. Does the program have written policies and procedures to address the placement, evaluation and assessment process? B. Does the placement screening process contain: 1. Procedures to be followed when accepting referrals from outside resources. 2. Types of records kept on individuals applying for services. 3. Does the screening include evaluation of the ASAM-PPC2 criteria in all six categories? C. Does the client orientation contain: 1. Evaluation costs to be borne by the client; 2. Client rights; and responsibilities; and, 3. Confidentiality? D. Is there sufficient information collected in the screening and evaluation process so that a recommendation can be made for placement into a level of care? E. Are the results of the screening and evaluation process explained to the client and family? F. Are programs which are conducting screenings and evaluations on persons convicted of operating a motor vehicle while intoxicated (OWI), Iowa Code sections 321J.2, and persons whose driver's license or nonresident operating privileges are revoked under chapter 321J, doing so in accordance with and adherence to 641 IAC Chapter 157?	
155.25(15) Emergency Medical Services A. Does the program ensure that emergency medical services are available by an affiliation agreement or contract or written policies and procedures?	
155.25(16) Management of Care A. Does the program ensure appropriate level of care utilization by implementing the written placement screening?	
155.25(17) Building construction and Safety A. Does the program have written policies/procedures to provide a safe environment that includes: 1. Maintenance; 2. Supervision; and, 3. Safe use? B. Does the orientation of new employees include general facility-wide safety practices?	

155.25(18) Outpatient Facility	
A. Is the facility safe, clean, well-ventilated, properly heated and in good repair?	_____
B. Is the facility appropriate for the services it provides, as well as protecting client confidentiality?	_____
C. Is the furniture clean and in good repair?	_____
D. Are there annual inspection by state of local fire safety official?	_____
E. Is there a written plan outlining procedures in the event of fire and tornado that is conspicuously displayed?	_____
F. Are services accessible to people with disabilities or does the program have written policies and procedures that describes how people with disabilities can gain access to necessary services?	_____
G. Does the program ensure confidentiality of clients receiving services?	_____
H. Does the program prohibit smoking except in designated areas?	_____
155.25(19) Client Rights	
A. Does the program maintain written policies and procedures that ensure that the legal and human rights of clients are observed and protected?	_____
B. Are there procedures to inform all clients of their legal and human rights at the time of evaluation?	_____
C. Are there written policies and procedures for:	_____
1. Clients' communication, e.g., opinions, recommendations;	_____
2. Client grievances with a mechanism for redress;	_____
3. Prohibition of sexual harassment; and,	_____
4. Implementation of the Americans With Disabilities Act.	_____
D. Are there procedures designed to protect the clients' rights and privacy?	_____